

What makes HIV programmes gender-responsive?

A guideline document produced by the German BACKUP Initiative

Globally, the HIV epidemic is influenced by social, political and economic inequalities which render certain population groups more vulnerable to infection and less likely, once infected, to access the care and services they need. In many parts of the world women and girls experience higher rates of HIV prevalence and incidence than their male counterparts, linked to patterns of gender inequality and unequal power relations between men and women. Sexual minorities,¹ sex workers and other vulnerable groups are also disproportionately affected by HIV. Against this backdrop, governments, international agencies and non-governmental organisations are paying increasing attention to gender and human rights aspects of the HIV epidemic, including the need for gender-responsive programming which is sensitive to the specific risks and vulnerabilities of women and girls, as well as those of men, boys and marginalised groups, or which seeks to transform unequal gender relations between men and women.

About the German BACKUP Initiative

The German BACKUP Initiative is a programme which supports countries in the management of global health financing. It seeks to enable government and civil society partners to use global financing more efficiently in order to implement measures for the effective and sustainable control of HIV and AIDS, tuberculosis and malaria. The German BACKUP Initiative works to develop capacity in three cross-cutting areas: integrating HIV, tuberculosis and malaria programming into existing health systems, the increased participation of civil society in responses to the three diseases, and gender-oriented programming.

In 2009 the German BACKUP Initiative introduced a special focus on gender-responsive HIV programming² and now works with civil society and government partner organisations in selected cooperation countries to increase their capacity to plan, implement and monitor gender-sensitive and gender-transformative HIV and AIDS programmes, as well as to advocate for such programming and the resources to fund it. In addition, five selected countries³ are comprehensively supported by BACKUP in the advocacy, planning, implementation and monitoring of gender-oriented HIV programming.

About this document

Programmes that are gender responsive are more efficient, protect human rights and contribute to the attainment of Universal Access and the Millennium Development Goals. The German BACKUP Initiative therefore encourages all partner organisations to consider ways to make their HIV-related project proposals and programmes gender-sensitive or gender-transformative.

This document is intended to assist partners and potential partners of the German BACKUP Initiative to understand what constitutes gender-responsive HIV programming. It may also serve more generally as a point of reference for planners and practitioners with an interest on gender-responsive HIV programming.

The document is divided into three parts. The first section provides an overview of current international discussions about the relationship between gender and HIV and clarifies key terms and concepts. The second section provides examples of gender-sensitive and -transformative interventions for each of the areas of technical support provided by the German BACKUP Initiative. The third and final section describes some of the ways in which project proposals to the German BACKUP Initiative can be conceived in a gender-responsive fashion.

¹ Including men who have sex with men (MSM), transsexual, transgender, and intersex people, and others such as sex workers whose sexual behaviours do not conform to majority norms and values

² Although the German BACKUP Initiative supports projects in the areas of HIV/AIDS, tuberculosis and malaria, these guidelines are focused specifically on HIV programming, in line with the particular attention currently being paid to gender aspects of the HIV epidemic.

³ Burkina Faso, Cameroon, Kenya, Malawi and Tanzania

1. Gender and the HIV epidemic: An overview of current debates & responses

Women now constitute approximately half of the world's HIV-positive population, but rates of HIV infection among women vary strongly by region. In sub-Saharan Africa, the area most heavily affected by HIV/AIDS, women account for 60% of all infections.⁴ Among certain population groups, female-male disparities in HIV prevalence rates are striking: girls in Southern Africa, for example, are between 2 and 4.5 times more likely than boys to become infected with HIV.⁵

The reasons behind these gender-based disparities in infection rates have been the subject of increasing inquiry. It has long been known that women and girls are physiologically at greater risk of HIV infection via heterosexual sex than are men and boys, however it has generally been believed that a range of social, economic and cultural factors – such as poverty, economic inequality, low levels of women's empowerment, and male violence against women – also combine to increase women and girls' vulnerability to infection. Gender-related structural factors, such as low levels of education, the denial of property and inheritance rights, the persistence of harmful cultural practices and enduring norms of masculinity and femininity which can make it difficult for women to insist on safe sex, have often been cited to explain why women and girls are at particular risk of infection.

As the role of multiple and concurrent sexual partnerships (MCP) has emerged more clearly as a key driver of the epidemic in sub-Saharan Africa, however, new epidemiological data and social research exploring the cultural norms and values underpinning sexual relationships in high-prevalence countries⁶ has revealed that the interplay between gender and HIV is more complex than previously thought. Although deeply rooted structural factors do play a role, women and girls are not simply disempowered victims: women as well as men are engaging in risky sexual behaviours, such as MCP and intergenerational sexual relationships, which drive the spread of HIV in high prevalence countries in sub-Saharan Africa.⁷ Cross-national comparative surveys have shown that wealthier and more educated women in many countries in sub-Saharan Africa are more likely to be HIV positive than poorer, less educated women. Such findings have challenged earlier assumptions about the links between HIV, gender, education and poverty.⁸

Reaching women and girls with information, HIV prevention services, and health promotion programmes can be challenging in both concentrated and generalised epidemic settings. Women who are at particularly high risk of HIV infection, such as sex workers and injecting drug users, may be disinclined to access health, social or legal services because of their stigmatized position in society and the criminalisation of certain behaviours. Within generalised epidemics, there are still relatively few programmes and services which target married women – along with their male partners – despite the fact that many HIV-positive women become infected within marriage. Young people – particularly girls – are one of the groups most vulnerable to HIV, yet UNAIDS data shows that, worldwide, only 38% of girls and young women (aged 15-24) have accurate and comprehensive knowledge about HIV and how to prevent transmission.⁹

Sex workers, men who have sex with men, and other vulnerable groups

Men who have sex with men (MSM), lesbian, gay, bi-sexual, transsexual, transgender and intersex (LGBTI) people, and others such as sex workers whose sexual behaviours do not conform to majority norms and values, are also disproportionately affected by HIV.

In its 2009 AIDS Epidemic Report, UNAIDS notes the growing body of evidence pointing to significantly higher HIV prevalence levels among MSM than among the general male population in almost all regions of the world. This is particularly pronounced in sub-Saharan Africa. Studies have found, for example, a 43% HIV prevalence rate among MSM in Mombasa, Kenya and a 25% prevalence rate among MSM in Lagos, Nigeria.¹⁰

While reliable data is not available for many countries, the growing evidence base – coupled with new incidence data which reveals the contribution of MSM infections to the national epidemics – suggests that HIV prevalence among MSM is an important, if previously undocumented factor, in many national epidemics. Many MSM have multiple partners, and may also have sex with women, therefore adding to the broader generalised epidemic in a country.¹¹

However, because of the criminalisation of same-sex activity in many countries, MSM and other sexual minority populations can be difficult to reach with prevention information, condoms, and treatment services. It has been

⁴ UNAIDS. 2009 AIDS Epidemic Update

⁵ UNAIDS (2009). Action Framework: Addressing Women, Girls, Gender Equality and HIV.

⁶ Leclerc-Madlala S (2010). AIDS in Southern Africa: A socio-cultural perspective. Presentation at the World Bank, Washington DC.

⁷ Leclerc-Madlala S (2008). Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability, 22(4):S17-S25. Pretoria, Human Sciences Research Council of South Africa.

⁸ Mishra, V. et al (2009). *Levels and Spread of HIV Seroprevalence and Associated Factors: Evidence from National Household Surveys*. DHS Comparative Reports No. 22. Calverton, Maryland, USA: Macro International Inc.

⁹ UNAIDS (2009). AIDS Epidemic Report. Geneva.

¹⁰ UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People. Geneva.

¹¹ UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People.

estimated that, globally, only 9% of MSM are reached by HIV prevention services¹² and, while data on access to HIV treatment, care and support services is fragmented, it is likely that MSM and transgender are accessing these services less than other groups. Some governments have been unwilling to invest in the provision of such services and the needs of these groups have been largely neglected. As UNAIDS has noted, 'Addressing the HIV epidemic among marginalised groups is not just important in and of itself; it is often one of the most effective strategies to reduce heterosexual spousal transmission and avert larger heterosexual epidemics.'¹³

International frameworks and response

Many governments, international agencies and non-governmental organizations are keenly aware of the need to address gender and the needs of vulnerable populations in HIV programming, and significant efforts are now underway both internationally and at country level.

UNAIDS has developed an Action Framework which addresses women, girls, gender equality and HIV, and a parallel framework promoting universal access to HIV services and treatment for MSM and transgender people.¹⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria has also developed parallel strategies which outline how, through its application guidelines and technical review procedures, the Fund will encourage increased attention to gender and sexual orientation and gender identities in the country programmes it funds.¹⁵

These action frameworks and strategies not only emphasise the need for more HIV programming for women, girls and vulnerable groups, but also call for more effective programming that is based on up-to-date epidemiological evidence ('know your epidemic') and an understanding of how the national response is or is not reaching particular groups within the population ('know your response').

At a national level, greater attention is being paid to gender and sexual minorities in HIV strategies and plans, as well as in monitoring and evaluation frameworks. Independent rating organisations now track and analyse the data on women, girls and vulnerable groups which is reported by governments in UNGASS reports, for signs of greater accountability and commitment to addressing the needs of these populations.¹⁶ Many donor agencies, international NGOs and local civil society organisations are considering their HIV-related work through a gender lens. Women's organisations, LGBT organisations, networks of people living with HIV, and groups of activists continue to advocate for more strategic attention to these issues at a national level, changes in the legal and enabling environment, and increased resources to address gaps in existing programming.

This growing momentum – and the synergies developing between groups and organisations working at international, regional, national and local levels – are positive signs of progress. However much more needs to be done in reallocating financial and human resources, and in building the technical and programmatic capacity to scale up and sustain evidence-based HIV programmes and services for women and girls, men and boys, and other vulnerable groups.¹⁷ This includes increasing the capacity of government institutions, health service providers and civil society organisations to plan, implement and evaluate a range of comprehensive interventions that can be considered gender-sensitive or gender-transformative.

Gender-sensitive and gender-transformative programming

As described above, there is broad agreement amongst organisations and experts engaged in HIV responses worldwide that more policies and programmes are needed that are sensitive to women's and men's gender-specific HIV-related risks and vulnerabilities, as well as to the risks and vulnerabilities facing other groups who are often marginalised as a result of their sexual behaviours or gender identities. However, if men and women, and other affected population groups, are to share equal rights to sexual and reproductive health as well as the burden of mitigating the impact of AIDS at household- and community level, strategies must not merely be gender-sensitive, they must attempt to be gender-transformative (see definitions in box).

¹² UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People.

¹³ UNAIDS (2009). UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People. p. 3

¹⁴ UNAIDS (2009). Action Framework on Women, Girls, Gender Equality and HIV; UNAIDS (2009). Operational plan for UNAIDS Action Framework: addressing women, girls, gender equality and HIV; UNAIDS (2009). Action Framework: Universal Access for Men who have Sex with Men and Transgender People.

¹⁵ Global Fund (2008). Gender Equality Strategy; Global Fund (2009). Strategy in Relation to Sexual Orientation and Gender Identities.

¹⁶ See, for example, the AIDS Accountability Initiative. In addition to its scorecard focusing in women, AAI will launch a Sexual Diversity scorecard in 2010.

¹⁷ UNAIDS (2009). Operational plan for UNAIDS Action Framework: addressing women, girls, gender equality and HIV; UNAIDS (2009). Action Framework: Universal Access for Men who have Sex with Men and Transgender People.

What are gender-sensitive and gender-transformative responses to HIV?

Gender-sensitive programmes attempt to redress existing gender inequalities by addressing gender norms, roles and access to resources in so far as needed to reach project goals.

Gender-transformative programmes aim to re-define women and men's gender roles and relations by transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment.

This requires the involvement of both men and women in changing entrenched gender norms, including helping men to assume greater responsibility for care and support, and for their own behaviour and its impact on others. In the case of sexual minorities and other vulnerable populations, this requires efforts – not only by activists from these communities, but also by human rights organisations, health-related organisations, and other civil society groups – to improve the legal and social environment so that all people, regardless of sexual orientation or behaviour, have access to the necessary services and support. Bringing about such changes calls for many different, comprehensive interventions, ranging from age-appropriate HIV-education for boys and girls in and out of school and protecting women and girls against gender-based violence to support for lobbying and advocacy coalitions pursuing policy changes to expand vulnerable groups' access to HIV services.

This guideline builds on concepts and definitions put forward in the Global Fund's Gender Equality Strategy, its guidelines on gender set out for grant proposals for rounds 8 and 9, titled *Ensuring a Gender Sensitive Approach*,¹⁸ as well as on recent scientific literature reviewed for the second edition of the policy brief *Germany's contribution to a gender-sensitive and -transformative global response to HIV*.¹⁹

2. Examples of gender-sensitive and -transformative interventions

This section provides examples of gender-sensitive and gender-transformative interventions which relate to the four thematic areas of support for the German BACKUP Initiative's focus on gender-oriented HIV programming.

Area I: Advocacy for gender-responsive policies, strategies and programmes

Although gender is increasingly highlighted in national HIV strategies and policies as a driver of the epidemic, this commitment is not always operationalised in the form of programmes or reflected in budget allocations for HIV programming. National-level gender strategies and frameworks, including those aimed at bringing about gender equality and women's empowerment, are sometimes not well-reflected in plans and strategies for addressing HIV/AIDS.

The advocacy interventions described below are examples of how civil society organisations at local or national level can work to strengthen the gender dimension of HIV/AIDS strategies and frameworks, or to shape decision-making about programme design and funding allocations for various types of programmes. They all support organisations in their endeavour to become involved in policy change or decision-making about the use of global health financing resources at country level.

Gender-Sensitive Interventions

- Support networking and linkages between women's and LGBTI organisations and HIV advocacy organisations to ensure that local and national HIV advocacy efforts are gender sensitive
- Advocacy by civil society organisations to have more gender-responsive HIV programmes included national and decentralised HIV strategies and plans
- Advocacy for increased allocation of resources for gender responsive HIV programming at national and decentralised levels
- Build and strengthen expertise on gender and human rights within ministries and government bodies responsible for planning, budgeting, and allocating resources for HIV programmes

Gender-Transformative Interventions

- Capacity building for women's groups, LGBTI organisations and NGO networks/coalitions to voice the needs and concerns of their members through CCM structures
- Civil society advocacy for the implementation of laws and policies that promote gender equality as it pertains to HIV risks and vulnerabilities (e.g. advocacy to promote, protect and enforce laws that prohibit violence against women or promote women's rights to property)
- Support for advocacy or media campaigns which seek to place important, but challenging issues onto the national agenda – e.g. promoting an ethic of care among men – and opening up a national debate

¹⁸ www.theglobalfund.org/documents/rounds/8/R8Gender_Factsheet_en.pdf

¹⁹ www.gtz.de/de/dokumente/en-gender-policy-brief-2009.pdf

Gender-Sensitive Interventions	Gender-Transformative Interventions
<ul style="list-style-type: none"> • Capacity building for civil society organisations to advocate for policies and strategies that meet the specific HIV-related needs of sexual minorities • Support the involvement of PLWHA networks, particularly those with female or LGBTI members, in consultations and policy forums at which national HIV strategies and programmes are planned, discussed or reviewed • Interventions which ensure sex workers' participation in developing, implementing and monitoring sexual and reproductive health and HIV programmes • Budget monitoring and budget analysis of government and donor budget allocations for HIV programming, to ensure that programmes address the specific needs and interests of women, girls, and vulnerable groups, as well as the specific needs of men and boys 	<ul style="list-style-type: none"> • Interventions that ensure that representatives of the most vulnerable groups, e.g. sex workers, rural women's networks, or sexual minorities, are given a voice and a meaningful role in program development, governance and implementation. • Interventions which build the expertise of civil society organizations and research institutions to push for gender-responsive government planning, programming and budgeting that contributes to the advancement of gender equality • Develop, strengthen and promote rights-based norms and standards for the integration of MSM and LGBT into national HIV and AIDS responses. • Interventions supporting the efforts of CSO networks or coalitions to advocate for a scaled-up and coordinated national response to changing male norms, roles and behaviours as part of the national HIV strategy

Area II: Designing, implementing and monitoring of gender-responsive HIV programmes

HIV programmes are more effective when gender considerations are taken into account from the very beginning of the design phase and are carried through the implementation phase as well as monitoring and evaluation process. Developing a gender-sensitive programme involves identifying the gender-specific concerns of the population group one intends to work with, taking steps to ensure that these are addressed – using different or modified programme approach, if necessary – and attempting to mitigate any potential gender-specific barriers to participation.

Gender-transformative programmes go even further, to address and try to re-orient underlying roles and understandings that contribute to existing gender inequalities. Gender-transformative programmes often focus not only on individual-level changes in attitudes and behaviours, but look also at the systems, groups and institutions which shape people's views about gender and relationships.

Gender-Sensitive Programme	Gender-Transformative Programme
<ul style="list-style-type: none"> • Interventions which provide training and sensitisation to groups and/or individuals on the importance of working with men and boys in HIV programming • HIV prevention programmes and campaigns whose messages reflect an awareness of the unequal power relations which exist between men and women and which are tailored to those differences • Capacity building measures which help organisations to plan gender-sensitive projects and prepare well-structured funding proposals which increase their chances of securing funding • Interventions that contribute to comprehensive, age-appropriate and gender-sensitive life skills education for young people both in school (through its integration in the national curricula) and out of school, including information on sexual and reproductive health and HIV • Interventions which provide training and capacity building on how to integrate peer education approaches into programmes for 'hard to reach' groups such as married women, adolescent girls, marginalised women and girls (migrants, rural women, refugees), men and boys, MSM and sex workers 	<ul style="list-style-type: none"> • Programmes aimed at teaching young people to question existing gender roles and patterns, either in-school or in the community • Interventions that ensure that girls have equitable access to education; and that they are not kept from school to care for sick family members or to substitute income lost when family members suffer from AIDS-related illnesses or because their parents died from AIDS • Interventions which support PLWHA, MSM, sex workers, LGBT, IDUs, marginalised women and other disadvantaged groups to participate in planning, decision-making and reviews of the response to the epidemic • Programmes which seek to bring about behaviour change towards greater gender equality, not only by working with individual men and women, but by working with couples to bring about better communication in heterosexual relationships • Interventions that address and aim to transform harmful gender norms and practices that put women and girls at risk of HIV infection (e.g. cross-generational sexual relationships between older men and much younger women; domestic gender-based violence; multiple concurrent sexual relationships; female genital mutilation, early or forced marriage; wife inheritance)

Gender-Sensitive Programme	Gender-Transformative Programme
<ul style="list-style-type: none"> • Interventions that address and aim to reduce the disproportionate burdens of HIV-related care and support on women by engaging men and boys in these tasks and by supporting both women and men in caregiving roles • Interventions that reach out to the partners of women and men who are under treatment to enlist their support for their partners and to ensure that they also receive treatment if needed • Interventions which support sex workers and networks of sex workers to participate in developing, implementing and monitoring sexual and reproductive health and HIV programmes • ‘Positive prevention’ programmes for men and boys living with HIV, which help them to protect their sexual health, delay HIV disease progression, and engage their partners in strategies to avoid HIV transmission. • Programmes which address the stigma and discrimination faced by MSM in health care settings and in society at large and provide them with psychosocial support to encourage them to access HIV/sexual and reproductive health information, services and support. • Interventions that address and aim to overcome gender-specific blame, stigma and discrimination of women living with HIV, so that they are provided with the care and support they need. • Efforts to restore violated woman and girls to physical, emotional and economic health by ensuring that they receive appropriate treatment and empowering them with knowledge and skills to protect themselves from further violence and from HIV infection 	<ul style="list-style-type: none"> • Interventions that address and aim to transform harmful gender norms and practices that put men and boys at risk of HIV infection (multiple, concurrent sexual relationships; casual unprotected sex, often under the influence of alcohol; wife inheritance) with a focus on engaging men and boys towards more gender-equitable norms and attitudes • Programmes which work with cultural and religious leaders to address with their constituencies harmful traditional practices (e.g. female genital mutilation, child marriage, wife inheritance) and to redirect these traditional practices into less harmful alternatives • Mass-media campaigns about violence, gender and masculinity (masculinities), challenging traditional perceptions about masculinity (e.g. men’s involvement as fathers in early childhood, encourage men (and women) to take an active stand for gender-equality, addressing a key root cause of the HIV epidemic portray men in a positive light rather than as vectors of disease • Programmes which address concepts of masculinity and encourage men to become more involved in the care of others – partners, children, family members – and to endorse an ethic of care. This can be done through group discussions, community activism or campaigns that include radio soap operas, street theatre, blogs and internet chat rooms, and public service announcements. • Support for community-based life skills training programmes (e.g. Stepping Stones) which engage groups of participants of different ages and sexes in group discussions on topics such as their quality of life, hopes and fears and encourage them to take more control and responsibility for their lives and contributions to the community.

Area III: Improving HIV M&E systems in relation to gender dimensions, i.e. sex- and age-disaggregated data, gender-specific indicators

In order for HIV M&E systems to assess the success of the national HIV response in meeting the needs of specific target populations, it must be gender-sensitive in orientation. Sex and age-specific data must be collected, analysed and reported in order to determine whether existing policies and interventions are helping to narrow gaps between men and women, for example, or whether programmes are succeeding in reaching more vulnerable groups, such as sex workers and MSM, with programmes and services. M&E systems should regularly produce strategic information that can be used by a range of organisations, including those directly involved with programme implementation, to plan and refine their efforts.

The German BACKUP Initiative supports interventions which focus on strengthening the M&E systems of the national response to operate in a more gender-sensitive manner, e.g.

- Training and capacity building for civil society organisations working with women and sexual minorities to help them understand the structure and functioning of the national HIV M&E system and how the data from this system can be used to improve their HIV programming
- Programmes which organise workshops and seminars for local-level women’s organisations and LGBTI organisations to review and discuss M&E data pertaining women, girls and sexual minorities
- Support civil society organisations, particularly networks of women’s and LGBTI organisations, to actively contribute programme monitoring data to the M&E system through the designated reporting channels at local or national level
- Review country-level HIV M&E indicators and ensure gender equality indicators are incorporated at process, outcome and impact levels

- Gender analysis of the national M&E framework to improve the framework with focus on how effectively gender inequalities, including sexual minorities' right to health, are captured and shared (e.g. clear disaggregation of risk population by sex and age, including the clients of commercial sex workers and non-client sexual partners as target population)
- Interventions that support civil society to conduct research and gather data on gender concerns as they relate to HIV, using gender analysis tools and gender experts to create the necessary knowledge base for effective lobby work for gender-sensitive and transformative HIV programming
- Development of gender analyses and indicators addressing key aspects of a comprehensive HIV response. (Data should be disaggregated by sex, age, ethnicity, place of residence, migration/ displacement, socioeconomic status and health status)
- At the country level, develop indicators to assess progress on and factors impeding universal access for sexual minorities.

Area IV: Addressing gender dimensions in HIV and AIDS services in the health sector

There are many ways in which HIV and AIDS services in the health sector can be provided in a gender-sensitive manner, for example by ensuring that services are delivered in a way that meets the different needs of women and men and other groups, and by acknowledging and addressing possible gender-based social, economic, or psychological barriers to service uptake. Some HIV and AIDS services in the health sector go further, by attempting to address some of the underlying conditions which contribute to gender inequalities in health care provision. These gender-transformative interventions might, for example, aim to bring men and women (couples) together into joint sessions in which both health and psycho-social issues are addressed, or work specifically with men and boys to broaden traditional understandings of masculinity to include an ethic of care, the importance of fatherhood and communication in relationships.

Gender-Sensitive Programme	Gender-Transformative Programme
<ul style="list-style-type: none"> • Workplace or organisation-based sessions in which all participants are shown how to use both male and female condoms • Improved equitable and non-discriminatory access to sexual and reproductive health and HIV services (e.g. VCT, ART, treatment of opportunistic infections, family planning) specifically targeted to the needs of women and girls, men and boys, and other vulnerable groups • VCT programmes which encourage partner involvement from the first contact • Interventions that provide women with information about and access to female-controlled prevention measures (e.g. female condom, microbicides) • Sexual and reproductive health outreach programmes in the community which occur at a time and place that is convenient to participants, especially women and girls (enable transportation for participants to encourage attendance e.g. to workshops and services) and include facilitators who are members of the programme target population • Interventions that reach out, in gender-sensitive fashion, to men that are particularly vulnerable and marginalised such as sex workers, injecting drug users and men that have sex with men to ensure their equitable and non-discriminatory access to HIV prevention as part of comprehensive reproductive health services 	<ul style="list-style-type: none"> • Programmes which work with health service facilities and their personnel to ensure that all services provided for men focus on their individual health and psychological needs, provide opportunities for men to reflect on gender and sexuality norms, and to encourage them to develop skills in parenting, partner communication, and caregiving. • Programmes which are oriented on couples as the unit of intervention (rather than with individual men and women): couple counselling in HIV testing clinics to help couples deal with the results of their tests and in family planning programmes to promote dual-protection against both unwanted pregnancy and infection • Programmes which seek to create welcoming, non-discriminatory health service facilities for LGBT and other sexual minorities through training and sensitisation sessions for health • Programmes and campaigns which promote the concept of couples counselling and publicise the health facilities which provide such services, in order to increase the number of couples who engage in couples counseling and to remove barriers to participation • Sexual and reproductive health and HIV programmes for married men which build skills for addressing family planning and contraceptive use, through, for example building skills for couple communication, negotiation, and safer sex practices, and through providing information about and access to family planning methods, and fertility services

Gender-Sensitive Programme	Gender-Transformative Programme
<ul style="list-style-type: none"> • PMTCT services that make an effort to include the partners of HIV-positive pregnant women and mothers living with HIV, ensuring that they contribute to the steps needed to prevent HIV infection of the child or to the care of the infected child • Building the knowledge base and capacity of male sex workers and their clients on correct and consistent condom use and non-penetrative safer sex to prevent STIs, HIV and unwanted pregnancies (among female clients) • Interventions providing HIV prevention as part of specialised, targeted reproductive health services for men (including access to STI diagnosis and treatment, provision of and information about condoms) • Interventions providing gender-sensitive positive prevention and family planning services to sero-discordant couples, where either the man or the woman live with HIV 	<ul style="list-style-type: none"> • Maternal, neonatal and child care services which actively support the involvement of men and fathers in parenting roles, including through developing skills in communication and caregiving through emphasising the importance of fathers in children's lives • Gender-equitable relationships, including management and prevention of gender-based violence, by redefining norms and values through counselling, peer interaction, legal reform and other means. • Support for female and male sex workers in education and information about their rights and their health – including ART, and easy access to comprehensive, nonjudgmental health services, as well as condoms and lubricants.

3. What makes a funding proposal gender-sensitive?

A gender-sensitive funding proposal is one in which attention to gender considerations appears throughout the document and a concern for gender runs like a thread throughout the proposed initiative. A strong gender-sensitive proposal is one in which gender-related issues highlighted in the situational analysis are reflected in the program design and choice of interventions, as well as the proposed methods, approach to implementation and monitoring and evaluation. As a rule, a funding proposal is not considered to be gender-sensitive simply on the basis of referring to gender, or women and girls, in passing. The proposal should demonstrate that the linkages between gender and the HIV epidemic are well understood and have shaped the project design and objectives. The following elements should be reflected in a gender-sensitive funding proposal:

Situation analysis/problem description

Gender-sensitive and -transformative proposals must include an analysis of the way in which the epidemic poses gender-specific risks or leads to gender-specific consequences or impacts in a given context. It outlines how men, or women, or specific sub-groups amongst them (e.g. sex workers or migrant men) are in some way particularly affected, either due to their sex (i.e. biological factors) or due to socially prescribed gender roles with their associated behaviour patterns and distributions of power.

Audience/beneficiaries of the project

Gender-sensitive and –transformative proposals outline interventions that are addressed to, or benefit, one or both of the sexes, or subgroups amongst them, *because of* their biological sex or their socially prescribed gender role. In other words: Biological sex and/or gender must be among the essential characteristics defining the direct or indirect audience/ beneficiaries of the project proposal.

If interventions are addressed to both sexes, or subgroups amongst both sexes, the proposal outlines in what way the intervention addresses and responds to (gender-sensitive) or transforms (gender-transformative) the gender-specific situations and needs of its audiences of one or both of the two sexes.

However, audiences/beneficiaries of gender-sensitive and –transformative proposals can be both men and women, or subgroups amongst them, or only women or specific groups of women or only men or specific subgroups of men.

Proposed interventions and their objective

Interventions that the proposals outline address and respond to sex- and/or gender-specific risks, vulnerabilities and impacts of the HIV epidemic. They may also aim to transform socially prescribed gender roles and inequalities that are the causes of these risks, vulnerabilities and impacts. This includes interventions that ensure that local, regional and national coordinating and decision making bodies listen to the voices of groups that are particularly vulnerable of affected by the epidemic because of their sex and/or gender.

Gender-sensitive monitoring and evaluation and performance management

The proposals for the gender-sensitive and –transformative interventions include a section on monitoring and evaluation that shows, in terms of indicators and ways to measure these, how sex-disaggregated data will be captured in order to monitor gender-specific targets.

People, initiatives and organisations involved in the implementation

Gender-sensitive and –transformative proposals should consider the gender dimension of their work not just at the level of their audiences/beneficiaries but also at the level of the people, initiatives and organisations that are implementing it. Whilst this is not a criterion on the grounds of which a proposal can be excluded, proposals that consider the impact of the gender of the people coordinating and implementing the project, and consciously steer this in a gender-sensitive and –transformative fashion, should be given priority.

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